

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>AX</i>	<i>67817</i>	<i>2/1/02</i>
O.I.P.E. CLASSIFIER		<i>5</i>	<i>2/1/02</i>
FORMALITY REVIEW		<i>60605</i>	<i>9-27-03</i>
RESPONSE FORMALITY REVIEW			

# INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 - (Through numeral)..... Canceled  
 + ..... Restricted  
 N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Date
Final	
Original	
1	9-24-01
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7	1-7-11-02
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14	11-13-02
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20	11-13-02
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Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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